

Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

February 7, 2008

Lauri A. Hunner, LCSW Director Siskiyou County Behavioral Health Services 2060 Campus Drive Yreka, CA 96097

Dear Ms. Hunner:

#### AUDIT REPORT - SISKIYOU COUNTY BEHAVIORAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Siskiyou County Behavioral Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### Net Program Costs

	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	\$ 2,761,233	\$ 2,708,786	\$ (52,447)
Federal Share of Healthy Families/Medi-Cal	\$ 26,751	\$ 26,483	\$ (268)
State General Funds EPSDT Due State	\$ 1,368,486     \$ 1,347,504      \$		\$ (20,982)

Lauri A. Hunner, LCSW, Director February 7, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GILTNER, Supervisor Audits – Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

#### SISKIYOU CO BEHAVIORAL HEALTH COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

		_	As Settled		Audit Adjustments	As_Audited
NET REIMBURSABLE MEDI-CAL						
PROGRAM COSTS						
COUNTY PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a) (Sch. 2a)	\$ 	2,121,956 26,751 2,148,707	\$ _ \$	(50,843) \$ (268) (51,111) \$	26,483
CONTRACT PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - COUNTY PROVIDERS	(Sch. 3b) (Sch. 3b)	\$ \$	639,277 0 639,277	\$ 	(1,604) \$ 0 (1,604) \$	
TOTAL FFP - COUNTY PLUS CONTRACT MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRACT		\$ 	2,761,233 26,751 2,787,984	_	(52,447) \$ (268) (52,715) \$	26,483
SUMMARY OF STATE GENERAL FUNDS  EPSDT - SGF	(Sch. 4)	\$	1,368,486	\$	(20,982) \$	S1,347,504

# SISKIYOU CO BEHAVIORAL HEALTH COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

#### COUNTY OPERATED FEDERAL

Total Medi-Cal Gross Reimbursement           Total Medi-Cal Gross Reimbursement         (MH 1968, Ln 11, 11A)         \$ 0         \$ 0         \$ 0         \$ 0           1. Inpatient SD/MC and Crossover         (MH 1968, Ln 16, 16A)         3,694,207         (68,495)         3,625,712           3. Enhanced SD/MC (Children) - UP         (MH1968, Ln 16, 16A)         0         0         0         0           5. Enhanced SD/MC (Refugees) - UP         (MH1968, Ln 22)         0         0         0         0           6. Enhanced SD/MC (Refugees) - UP         (MH1968, Ln 22, 27A)         0         0         0         0           6. Enhanced SD/MC (Refugees) - UP         (MH1968, Ln 22, 27A)         38, 274         (23)         38, 551           8. Healthy Families Gross Reimbursement-UP         (MH1968, Ln 22, 28A)         3, 373, 2781         \$ 3, 0         0         0           9. Total         (MH1968, Ln 28, 28A)         \$ 0         \$ 0         0<							Audit		
Inpatient SD/MC and Crossover					As Sottled				As Audited
Inpatient SD/MC and Crossover	Tot	al Medi-Cal Gross Reimbursement		-	As Settled	-	Aujustinents	-	As Addited
2. Outpatient SD/MC and Crossover			(MH 1968 In 11 11A)	¢	0	\$	0	\$	0
September   Comparison   Comp		•	, , ,	Ψ		Ψ		Ψ	
Enhanced SD/MC (Children) - O/P		•			, ,				
Enhanced SD/MC (Refugees) - \( \text{P} \) (MH1968, \( \text{Ln } 22 \) (									
6. Enhanced SD/MC (Refugees) - O/P         (MH1968, Ln 22)         0         0         0           7. Healthy Families Gross Reimbursement-I/P         (MH1968, Ln 27, 27A)         3.0         0         0         0           8. Healthy Families Gross Reimbursement-O/P         (MH1968, Ln 27, 27A)         3.8,574         (23)         38,551           9. Total         33,732,781         \$ (68,518)         \$ 3,664,263           Less: Patient & Other Payor Revenues           110. Unpatient SD/MC and Crossover         (MH 1968, Ln 28, 28A)         0         \$ 0         0           12. Enhanced SD/MC (Children)-I/P         (MH 1968, Ln 29)         0         0         0           13. Enhanced SD/MC (Refugees) - VP         (MH 1968, Ln 29)         0         0         0           14. Enhanced SD/MC (Refugees) - VP         (MH1968, Ln 30)         0         0         0           15. Enhanced SD/MC (Refugees) - VP         (MH1968, Ln 30)         0         0         0           16. Healthy Families Patient Revenue-I/P         (MH 1968, Ln 31)         0         0         0           17. Healthy Families Patient Revenue-I/P         (MH 1968, Ln 31)         0         0         0           18. Total         Total         \$ 0         \$ 0         \$									
Nealthy Families Gross Reimbursement-I/P		. 2 ,			_				
Healthy Families Gross Reimbursement-O/P		, ,	, , ,						
		•			-		-		-
Design   Comparison   Compari		•	(MITT 700, Ell 27, 27K)	ę-	<u>_</u> _	· •		· •	
10. Inpatient SD/MC and Crossover	,	Total		Ψ=	3,732,781	· "=	(08,518)	<b>=</b>	3,004,203
10. Inpatient SD/MC and Crossover	Les	s: Patient & Other Payor Revenues							
12. Enhanced SD/MC (Children)-I/P			(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
13. Enhanced SD/MC (Children)-O/P	11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0		0		0
14. Enhanced SD/MC (Refugees) - I/P	12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
15   Enhanced SD/MC (Refugees) - O/P	13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
Healthy Families Patient Revenue-I/P	14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
Healthy Families Patient Revenue-O/P	15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
Healthy Families Patient Revenue-O/P	16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
Medi-Cal Net Reimbursement for Direct Services           19. Inpatient SD/MC (Incl Children Enhanced)         (Ln 1,3 - Ln 10,12)         \$ 0 \$ 0 \$ 0           20. Outpatient SD/MC (Incl Children Enhanced)         (Ln 2,4 - Ln 11,13)         3,694,207         (68,495)         3,625,712           21. Enhanced SD/MC (Refugees)-I/P         (Ln 5 - Ln 14)         0 0 0         0         0           22. Enhanced SD/MC (Refugees)-O/P         (Ln 6 - Ln 15)         0 0 0         0         0           23. Healthy Families-I/P         (Ln 7 - Ln 16)         0 0 0         0         0           24. Healthy Families-O/P         (Ln 8 - Ln 17)         38,574         (23)         38,551           25. Total         \$ 3,732,781         \$ (68,518)         \$ 3,664,263           Medi-Cal MAA Reimbursement           26. Service Functions 01-09         (MH1979, Ln 11, Col. A)         \$ 0 \$ 0 \$ 0           27. Service Functions 11-19, 31-39         (MH1979, Ln 12, Col. A)         0 0 0 0         0           28. Service Functions 21-19         (MH1979, Ln 13, Col. A)         0 0 0 0         0         0	17.	Healthy Families Patient Revenue-O/P			0		0		0
19. Inpatient SD/MC (Incl Children Enhanced)       (Ln 1,3 - Ln 10,12)       \$       0       \$       0         20. Outpatient SD/MC (Incl Children Enhanced)       (Ln 2,4 - Ln 11,13)       3,694,207       (68,495)       3,625,712         21. Enhanced SD/MC (Refugees)-I/P       (Ln 5 - Ln 14)       0       0       0       0         22. Enhanced SD/MC (Refugees)-O/P       (Ln 6 - Ln 15)       0       0       0       0         23. Healthy Families-I/P       (Ln 7 - Ln 16)       0       0       0       0         24. Healthy Families-O/P       (Ln 8 - Ln 17)       38,574       (23)       38,551         25. Total       \$       3,732,781       \$       (68,518)       \$       3,664,263         Medi-Cal MAA Reimbursement         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$       0       \$       0       0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0	18.	Total		\$_	0	\$	0	\$_	0
19. Inpatient SD/MC (Incl Children Enhanced)       (Ln 1,3 - Ln 10,12)       \$ 0 \$ 0       \$ 0         20. Outpatient SD/MC (Incl Children Enhanced)       (Ln 2,4 - Ln 11,13)       3,694,207       (68,495)       3,625,712         21. Enhanced SD/MC (Refugees)-I/P       (Ln 5 - Ln 14)       0       0       0       0         22. Enhanced SD/MC (Refugees)-O/P       (Ln 6 - Ln 15)       0       0       0       0         23. Healthy Families-I/P       (Ln 7 - Ln 16)       0       0       0       0         24. Healthy Families-O/P       (Ln 8 - Ln 17)       38,574       (23)       38,551         25. Total       \$ 3,732,781       \$ (68,518)       \$ 3,664,263         Medi-Cal MAA Reimbursement         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$ 0       \$ 0       0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0	Mo	di Cal Not Daimhursament for Divact Services							
20. Outpatient SD/MC (Incl Children Enhanced)       (Ln 2,4 - Ln 11,13)       3,694,207       (68,495)       3,625,712         21. Enhanced SD/MC (Refugees)-I/P       (Ln 5 - Ln 14)       0       0       0         22. Enhanced SD/MC (Refugees)-O/P       (Ln 6 - Ln 15)       0       0       0         23. Healthy Families-I/P       (Ln 7 - Ln 16)       0       0       0         24. Healthy Families-O/P       (Ln 8 - Ln 17)       38,574       (23)       38,551         25. Total       \$ 3,732,781       \$ (68,518)       \$ 3,664,263         Medi-Cal MAA Reimbursement         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$ 0       \$ 0       0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0			(In 1.3 In 10.12)	¢	0	æ	0	Ф	0
21. Enhanced SD/MC (Refugees)-I/P       (Ln 5 - Ln 14)       0       0       0         22. Enhanced SD/MC (Refugees)-O/P       (Ln 6 - Ln 15)       0       0       0         23. Healthy Families-I/P       (Ln 7 - Ln 16)       0       0       0         24. Healthy Families-O/P       (Ln 8 - Ln 17)       38,574       (23)       38,551         25. Total       \$ 3,732,781       \$ (68,518)       \$ 3,664,263         Medi-Cal MAA Reimbursement         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$ 0       \$ 0       \$ 0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0		•	, , , ,	Ф		ъ		Ф	
22. Enhanced SD/MC (Refugees)-O/P       (Ln 6 - Ln 15)       0       0       0         23. Healthy Families-I/P       (Ln 7 - Ln 16)       0       0       0         24. Healthy Families-O/P       (Ln 8 - Ln 17)       38,574       (23)       38,551         25. Total       \$ 3,732,781       \$ (68,518)       \$ 3,664,263         Medi-Cal MAA Reimbursement         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$ 0       \$ 0       0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0		,							
23. Healthy Families-I/P       (Ln 7 - Ln 16)       0       0       0         24. Healthy Families-O/P       (Ln 8 - Ln 17)       38,574       (23)       38,551         25. Total       \$ 3,732,781       \$ (68,518)       \$ 3,664,263         Medi-Cal MAA Reimbursement         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$ 0       \$ 0       \$ 0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0       0		, ,							
24. Healthy Families-O/P       (Ln 8 - Ln 17)       38,574       (23)       38,551         25. Total       \$ 3,732,781       \$ (68,518)       \$ 3,664,263         Medi-Cal MAA Reimbursement         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$ 0       \$ 0       \$ 0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0					_				_
Medi-Cal MAA Reimbursement       \$ 3,732,781       \$ (68,518)       \$ 3,664,263         26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       \$ 0       \$ 0       \$ 0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0		-	,				_		-
Medi-Cal MAA Reimbursement       26. Service Functions 01-09     (MH1979, Ln 11, Col. A)     0     0     0       27. Service Functions 11-19, 31-39     (MH1979, Ln 12, Col. A)     0     0     0       28. Service Functions 21-19     (MH1979, Ln 13, Col. A)     0     0     0			(Ln o - Ln 17)	<u>.</u> –				- ၞ-	
26. Service Functions 01-09       (MH1979, Ln 11, Col. A)       0       0       0         27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0       0	23,	Total		<sub>2</sub> =	3,732,781	= =	(08,518)	: <sub>p</sub> =	3,004,203
27. Service Functions 11-19, 31-39       (MH1979, Ln 12, Col. A)       0       0       0         28. Service Functions 21-19       (MH1979, Ln 13, Col. A)       0       0       0	Me	di-Cal MAA Reimbursement							
28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0	26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 0	27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
29. Total \$ 0 \$ 0 \$	28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0		0		0
	29.	Total		\$_	0	. \$	0	\$	0

## SISKIYOU CO BEHAVIORAL HEALTH COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL			. 6		Audit		A. A. BYA B
Amount Negotiated Pates Exceed Cost		_	As Settled	-	Adjustments	-	As Audited
Amount Negotiated Rates Exceed Cost 30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	Φ	0	Ф	0	Ф	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
					_		
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	<u> </u>	0	_	0	_	$-\frac{0}{0}$
36. Total		<sup>3</sup> =		\$ <sub>=</sub>	0	\$ =	
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	740,513	\$	(10,741)	\$	729,772
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	220,807	\$	(15,657)	\$	205,150
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	220,807	\$	(15,657)	_	205,150
Healthy Families Administrative Reimbursement				_			
40. Healthy Families Administrative Reimbursement Lim		\$_	3,857		(2)	-	3,855
41. Healthy Families Administration	(MH1979, Ln 9)	\$_	2,569	. \$_	(388)	_	2,181
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$=	2,569	. \$ =	(388)	\$ =	2,181
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	83,028	\$	(2,735)	\$	80,293
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ _	98,172	\$	(3,234)	=	94,938
		_				_	
Net SD/MC Reimbursement - FFP						_	
45. Direct Services	(MH1979, Ln 16,16A)	\$	1,900,196	\$	(37,142)	\$	1,863,054
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		0		0
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		110,404		(7,829)		102,575
50. U.R. Skilled Professional	(MH1979, Ln 14)		62,271		(2,051)		60,220
51. U.R. Other	(MH1979, Ln 15)		49,086		(1,617)		47,469
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0		0		0
53. Subtotal- FFP		\$_	2,121,956	\$ .	(48,640)	\$ =	2,073,317
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Mi 1979, Lii 22) (Adj # 33 )	Ф	0	Ф	2,204	Ψ	2,204
	(· · · · · · · · · · · · · · · · · · ·	_				-	
56. Total SD/MC Reimbursement - FFP		\$ _	2,121,956	. \$	(50,844)	\$	2,071,113
Net Healthy Families Reimbursement - FFP							
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	25,075	\$	(15)	\$	25,060
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	1,677		(254)		1,423
60. Total Healthy Families Reimbursement - FFP		\$ =	26,751	\$	(269)	\$ _	26,483
61. Total - FFP (Ln 56 + Ln 60)		2	2,148,707	\$	(51,113)	æ	2,097,596
51. 15tal - 111 (Eli 50 + Eli 60)		\$ =	2,140,707	<b>-</b> •	(51,113)	. D	(To Sch. 1)
							(10 Sch. 1)

#### SISKIYOU CO BEHAVIORAL HEALTH SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Regular M/Cal	EPSDT Enhanced -	Enhanced -	Total	Healthy	Regular M/Cal	EPSDT Enhanced -	Enhanced -	Total	Healthy
Legal Entity		and EPSDT Gross Cost	Children Gross Cost	Refugees Gross Cost	Gross Cost (Excl. HFP)	Families Gross Cost	and EPSDT Gross Cost	Children Gross Cost	Refugees Gross Cost	Gross Cost (Excl. HFP)	Families Gross Cost
Numbe		January Cost		A T I E		Gross Cost	Gross Cost		A T	E N T	GIOSS COST
<u> </u>	<u></u>	(MH 1968,	(MH 1968,	(MH 1968,	(Cal. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00628	Norther Valley Catholic Soc. SVC \$	0 :	\$ 0 \$	0 \$	0 \$	0 \$	53,218	\$ 0 <b>\$</b>	0 \$	53,218 \$	0
00874	Remi Vista \$	0 :	\$ 0 \$	0 \$	0 \$	0 \$	273,580	\$ 0 \$	0 \$	273,580 \$	0
01071	Heal Therapy \$	0 :	\$ 0 \$	0 \$	0 \$	0 \$	912,634	\$ 0 \$	0 \$	912,634 \$	0
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	\$	0 \$	\$ 0 \$	0 \$	0 \$	0 \$	0	\$ 0 \$	0 \$	0 \$	0
	\$		s				1,239,432	s		1.239.432 \$	

#### SISKIYOU CO BEHAVIORAL HEALTH SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity <u>Number</u>	<u>Legal Entity</u>	:: ::	(11) Total Revenue (Excl. HFP) 1 N P A 1 (MH 1968, Ln 28 to 30)	Healthy Families Revenue  1:E:N:T (MH 1968, Ln 31)	(13) Total Revenue (Excl. HFP) O: 8: T: P: A (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue 7:3:E:N:T (MH 1968, Ln 31)	[	Total Net Cost (Excl. HFP) INPA (Col 4-11)	(16)  Net Cost Healthy Families T.I.E.N.T	(17) Total Net Cost (Excl. HFP) O. U.T.P (Col 9-13)	Net Cost Healthy Families A TILE N.T. (Col 10-14)	(49). Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00628 N	Norther Valley Catholic Soc. SVC	\$	0 \$	0 \$	0.5	0	\$	0 :	0	\$ 53,218	s 0 <b>s</b>	0
00874 R	Remi Vista	\$	0 \$	0 \$	0.5	0	\$	0 :	0	\$ 273,580	\$ 0.\$	0
01071 F	leal Therapy	\$	0 \$	0 \$	0.9	0	\$	0 :	0	\$ 912,634	\$ 0 \$	0
		5	0 \$				\$	0 9				Ö
		\$	0 \$	0 \$			\$	0				Ō
		\$	0 \$	0 \$	0 \$	0	\$	0 :	0	\$ 0	\$ 0.\$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 :	0	\$ 0:	5 0 \$	Ó
		\$	0 \$	0 \$	0.9	0	\$	0 :	0	\$ 0	\$ 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 :	0	\$ 0	\$ 0.\$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 9	0	\$ 0	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 9	0 :	5 0 :	0 \$	0
		\$	0 \$	0 \$	0 \$	٥	\$	0 \$	0 :	\$ 0 :	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 9	0	\$ 0 :	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 5	0	\$ 0 :	\$ 0 <b>\$</b>	0
		\$	0 \$	0 \$	0 \$	0	\$	0 5	0 :	5 0 :	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 \$	0	\$ 0 :	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 9	0	\$ 0 :	\$ 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 5	0	\$ 0 :	5 0 5	0
		\$	0 \$	0 \$	0 \$	0	\$	0 \$	0 :	6 0 9	0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 \$	0 :	5 0 5	0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 9	0 :	5 0 :	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 5	0 :	\$ 0 :	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 5	0 :	5 0 9	0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 \$	0 :	5 0 :	0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 5	0 :	\$ 0:	5 0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 \$	,		0 \$	0
		\$	0 \$	0 \$	0 \$		\$	0 9				0
		\$	0 \$	0 \$	0 \$		\$	0 \$			0 \$	0
		\$	0 \$	0 \$	0 \$		\$	0 \$				0
		\$	0 \$	0 \$	0 \$	0 :	\$	0 5	0 :	0 :	0 \$	0
		\$	0 \$	0 \$	0 \$	0	\$	0 \$	0 :	6 0 9	0 \$	0
		\$	0 \$	0 \$	0 \$		\$	0 \$	0 9	0 9		0
		\$	0 \$	0 \$	0 \$	0 :	\$	0 \$	0 9	0 3	0 \$	0
		\$	0 \$		0 \$		\$	0 \$	0 :			0
		\$	0 \$	0 \$				0 \$	0 :	0 9	0 \$	0
G	GRAND TOTAL	\$_			<u>_</u>	0	\$ <u></u>	0 9	<u> </u>	1,239,432	s	0

#### SISKIYOU CO BEHAVIORAL HEALTH SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		40000	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Land			Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Legal Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity			TIENT	OUTP	ATIENT	(FFP)	(FFP)	(FFP)	Maximum	<u>Maximum</u>
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00628	Norther Valley Catholic Soc. SVC	\$	0 \$	0 \$	. 0	<b>\$</b> 0	\$ 27,282	5 0	\$ 27,282 \$	0 \$	27.282
00874	Remi Vista	\$	0 \$	0 \$	0	\$ 0 :	140,840	0	\$ 140,840 \$	0 \$	140,840
01071	Heal Therapy	\$	0 \$	0 \$	0	\$ 0 :			\$ 469,551 \$	0 \$	469,551
		\$	0 \$	0 \$						0 \$	0
		\$	0 \$	0 \$						0 \$	0
		\$	0 \$	0 9						0 \$	0
		\$	0 \$	0 9						0 \$	0
		\$	0 \$	0 \$						0 \$	0
		\$	0 \$	0 9						0 \$	0
		5	0 \$	0 \$						0 \$	0
		S	0 \$	0 \$	0					0 \$	0
		3	0 \$	0 \$						0 \$	0
		\$	0 \$ 0 \$	0 \$ 0 \$						0 \$ 0 \$	0
		a a	0 \$	0 \$						0 \$	0
		g.	0 \$	0 \$						0 \$	0
		¢.	0 \$	0 9						0 \$	ő
		\$	0 \$	0 \$			•			0 \$	ő
		s s	0 \$	Ŏ <b>\$</b>						0 \$	Õ
		\$	0 \$	0 \$					\$ 0 <b>\$</b>	0 \$	ō
		\$	0 \$	0 \$	0	\$ 0 9	0 9	0	\$ 0.\$	0 \$	0
		\$	0 \$	0 \$	0 :	\$ 0 9			\$ 0 \$	0 \$	0
		\$	0 \$	0 \$		5 0 9				0 \$	0
		\$	0 \$	0 \$					\$ 0 \$	0 \$	0
		\$	0 \$	0 \$					\$ 0 \$	0 \$	0
		\$	0 \$	0 \$					\$ 0 \$	0 \$	0
		\$	0 \$	0 \$					\$ 0 \$	0 \$	0
		\$	0 \$	0 \$						0 \$	0
		\$	0 \$	0 \$	0 5					0 \$	0
		<b>3</b>	0 \$	0 \$						0 \$	0
		25	0 \$	0 \$						0 \$	0
		\$	0 \$	0 \$						0 \$	0
		3	0 \$ 0 \$	0 \$ 0 \$						0 \$	0
		\$ \$	0 \$	0 \$						0 \$ 0 \$	0
		Ψ	5 5	0 4	0 .		, 0 1		<b>.</b>	J	O
	GRAND TOTAL	\$	0 \$	0 \$		0 5	637,673	0	\$ 637,673 \$	0 \$	637,673

(To Sch. 1)

#### SISKIYOU CO BEHAVIORAL HEALTH COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979	9, Lns. 16, 16A, 17, 17A, 18) (including contractors)	4,936,757	(71,613)	4,865,144
(2) Total SD/MC Claims		6,081,808	0	6,081,808
(3) Percent % (Line 1/Line 2)		0.8117	(0.0118)	0.8000
(4) EPSDT Claims		3,858,978	0	3,858,978
(5) Actual Cost Settled EPSD (Line 3 X Line 4)	T SD/MC	3,132,332	(45,342)	3,086,990
(6) Cost Settled Baseline for I	EPSDT	202,185	0	202,185
(7) Net Cost Settlement Amo (Line 5 - Line 6)	punf	2,930,147	(45,342)	2,884,805
(8) 48.56% of Net Cost Settle (Line 7 x 48.56%)	ement Amount	1,422,879	(22,018)	1,400,862
(8a) FY 2001-02 EPSDT Sett	lement	878,950	(11,666)	867,284
(8b) Annual Local Growth (Li	ne 8 - 8a)	543,929	(10,351)	533,578
(9) County Match 10% of Loc	cal Growth (8b x 10%)	54,393	(1,035)	53,358
(10) Net Cost Settlement Amo	unt (Line 8 - 9)	1,368,486	(20,982)	1,347,504
(11) SGF Distribution (Settled	and Audited)	1,368,486	0	1,368,486
(12) SGF Due (State)		0	(20,982)	(20,982) (To Sch. 1)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider					Provider Number	No. of Adj.		eriod Ended
	SISKIYOU	O BEH	AVIORA	L HEALTH	00047	34	June	30, 2003
	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
110.	John			ADJUSTMENTS TO REPORTED COSTS				
1 2 3	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	3 3 3 3	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate total administrative cost among SD/MC, Healthy Fa	amilies, and	\$ 220,807 2,569 33,592 \$ 256,969	\$ (15,657) \$ (388) \$ 16,046	205,150 * 2,181 * 49,638 * 256,969 *
				Non SD/MC Administration based on the gross cost method poof 79.8345% for SD/MC, 0.8489% for Healthy Family, and 19.1 Non SD/MC.	ercentages			
4 5 6	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS	So CDMD and	\$ 83,028 98,172 27,249 \$ 208,449	\$ (2,735) \$ (3,234) \$ 5,969	80,293 * 94,938 * 33,218 * 208,449 *
				To allocate the Non SD/MC Utilization Review portion related to Other SD/MC Utilization Review using the audited gross cost \$84.0641% for SD/MC and 15.9359% for Non SD/MC.	o SPMP and bercentages of			
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	r SISKIYOU C	O BEH	AVIORA	AL HEALTH	Provider Number 00047	No. of Adj. 34		Period Ended 30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MODES OF SER	RVICE			
7 8 9	MH 1964 MH 1964 MH 1964	3 4 5	1 1 1	OTHER 24 HOUR SERVICES (MODE 05) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM  To adjust the regular Medi-Cal reported gross cost at the servi level to reflect the RVS method of allocation.		\$ 114,891 \$ 200,493 \$ 4,043,507	\$ 1 \$ 775 \$ (776)	\$ 114,892 \$ 201,268 \$ 4,042,731
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		iod Ended
	SISKIYOU CO	O BEHA	AVIORA	L HEALTH	00047	34	June 3	0, 2003
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
10 11 12 13 14 15	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03  TOTAL UNITS  To adjust the as settled (MH 1966A) SD/MC units of service/tir  county operated facilities to agree with the State DMH Approve Report dated April 10, 2007. Above adjustments include Phas Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 workshee the units for the three (3) reimbursement periods.	ed Claims le II. ns have	427,763 1,213,256 0 0 0 0 85 18,754 1,659,858	(8,184) 671,686 40,688 96,362 1,533 8,949 0 71 811,105	419,579 * 1,884,942 * 40,688 * 96,362 * 1,533 * 8,949 * 85 * 18,825 * 2,470,963
17 18 19 20 21 22 23	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the SD/MC units of service/time to agree with the Corecords. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheet the units for the three (3) reimbursement periods.	ns have	** 419,579 ** 1,884,942 ** 40,688 ** 96,362 ** 1,533 ** 8,949 ** 85 ** 18,825 2,470,963	8,184 (698,336) (40,688) (96,362) (1,533) (8,949) 0 (71) (837,755)	427,763 * 1,186,606 * 0 * 0 * 0 * 0 * 85 * 18,754 * 1,633,208
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

rovider					Provider Number	No. of Adj.		iod Ended
	SISKIYOU C		AVIORA	L HEALTH	00047	34	June 3	0, 2003
Adj. No.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	As Reported	Increase (Decrease)	As Adjusted
,,,,	00,1.	2.110	00	ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>rs</u> 2			
24	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Above ad include Phase II. Copies of workpapers detailing adjustments functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.  * Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.	djustments by service 0 worksheets,	** 427,763 ** 1,186,606 ** 0 ** 0 ** 0 ** 85 ** 18,754 1,633,208	(180) 0 0 0 0 0 (180)	427,583 * 1,186,606 * 0 * 0 * 0 * 0 * 85 * 18,754 * 1,633,028

Provide					Provider Number	No. of Adj.	Fiscal Per	iod Ended 0, 2003
	SISKIYOU C		AVIORA	L HEALTH	00047	34	Julie 3	
V 1:	Report Refe	rence		EXPLANATION OF AUDIT ADJUSTME	:NTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col	EXITERITATION OF ADDIT ADDOCUME				
				ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS	<u>'S -</u>			
25 26	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS		** 21,940 ** 796,090 ** 818,030	(21,940) (796,090) (818,030)	0 * 0 * 0 *
				To adjust the as settled (MH 1966A) SD/MC units of service/ti contract providers to agree with the State DMH Approved Clai Report dated April 10, 2007. Copies of workpapers detailing a by service functions have been provided to the County. See t worksheets, which reflects the units for the three (3) reim (Note: The State DMH Approved Claims Report did not show contract provider units. The County claimed that all provider united and approved under the County provider numbers.)	ims adjustments he MH1970 bursement periods. any approved			
27 28	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the SD/MC units of service/time to agree with the Corecords. Copies of workpapers detailing adjustments by service have been provided to the County. See the MH 1970 worreflects the units for the three (3) reimbursement periods.	ce functions	0 0 0	21,940 795,130 817,070	21,940 * 795,130 * 817,070 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.		eriod Ended
	SISKIYOU C	O BEHA	AVIORA	AL HEALTH	00047	34	June	30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Çol.	EXPLANATION OF AUDIT ADJUSTME	ENTS 	Reported	(Decrease)	Adjusted
	1			ADJUSTMENTS TO REPORTED SD/MC SETTLE	MENT	<u> </u>		
29	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS F	REIMB	\$ 1,242,549	(3,117)	1,239,432
				To adjust reported Contract Provider Direct Medi-Cal Gross Reas a result of adjustments to the contract providers SD/MC unit service/time.	eimbursement its of			
30	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	<b>v</b>	\$ 2,121,956 26,751	\$ (48,639) (268)	\$ 2,073,317 * 26,483
31	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNT TOTAL REIMBURSEMENT - COUNTY	I	\$ 2,148,707	\$ (48,907)	\$ 2,099,800
32	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDE TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - CONTRA	ERS ACT PROVIDERS	\$ 639,277 0	\$ (1,604) 0	\$ 637,673 0
	301.36	lotai	25	TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		639,277	(1,604)	637,673
				To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units.	stments to			
33	Sch. 2a	55	3	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY		** \$ 2,073,317	\$ (2,204)	\$ 2,071,113
ļ				To incorporate the Quality Assurance Review results (report de November 18, 2004).	ated			
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT				
34	Sch. 4	8	3	TOTAL EPSDT SGF		\$ 1,368,486	\$ (20,982)	\$ 1,347,504
			Ti.	To adjust the State General Fund share of EPSDT as a result to SD/MC reimbursements as reflected on Lines 16, 16A, 17, Column C of the form MH 1979 of the audited County and concost reports.	17A, and 18,			
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

# SISKIYOU COUNTY COMMUNITY MENTAL HEALTH SERVICES SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FOR FISCAL YEAR ENDED JUNE, 2003

#### **FINDING 1 – CONTRACT PROVIDERS**

Our review revealed that the County commingled all the providers' units with the County's claims while it was filing claims to DMH. As a result, DMH Approved Claims Report had nothing under Contract Provider units. For this fiscal year's audit, we will settle and allow the associated SD/MC units related to these providers since these SD/MC units were verified in the County's detailed claim report.

#### **AUDIT AUTHORITY:**

CMS Pub. 15-I, Section 2304 FY 02-03 Cost and Financial Reporting System Instruction Manual, pages 31.

#### **RECOMMENDATION:**

We recommend that the County comply with the cost report instructions and adhere to them by claming the SD/MC units separately for each of its contract legal entities. All workpapers utilized in the preparation of the cost report must be properly filed and kept to facilitate the audit. Failure to comply in future cost reports may result in additional audit adjustments and can jeopardize federal funds.

#### **AUDITEE'S RESPONSE:**

No auditee response was received from Siskiyou County.

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DEPARTMENT OF MENTAL HEALTH

## CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

**Fiscal Year 2002-2003** 

County: SISKIYOU CO BEHAVIORAL HEALTH

County Code: 47

Legal Entity: SISKIYOU CO BEHAVIORAL HEAL	A	В	С
Legal Entity Number: 00047	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	3,276,526	3,464,295	6,740,821
2 Encumbrances		100,680	100,680
3 Less: Payments to Contract Providers (County Only)		(1,781,034)	(1,781,034)
4 Other Adjustments (Provide Detail)		(53,516)	(53,516)
5 Total Costs Before Medi-Cal Adjustments	3,276,526	1,730,425	5,006,951
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			5,006,951
Administrative Costs (County Only)			
9 SD/MC Administration			205,150
10 Healthy Families Administration			2,181
11 Non-SD/MC Administration			49,638
12 Total Administrative Costs			256,969
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			80,293
14 Other SD/MC Utilization Review			94,938
15 Non-SD/MC Utilization Review			33,218
16 Total Utilization Review Costs			208,449
17 Research and Evaluation (County Only)			
10 Made Costs (Direct Consider and MAA)			A E A A E O O
18 Mode Costs (Direct Service and MAA)			4,541,533
19 Total Costs - Lines 9 through 18	]		5,006,951
Tia Liorai Coara - Fillea a fillondit 10			3,000,831

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

## DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: SISKIYOU CO BEHAVIORAL HEALTH

County Code: 47

	Legal Entity: SISKIYOU CO BEHAVIORAL HEALTH	A
Le	gal Entity Number: 00047	Total
		Costs
1_	Mode Costs (Direct Service and MAA) from MH 1960	4,541,533
	Modes	
2_	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	114,892
4	Day Services (Mode 10)	201,268
5	Outpatient Services (Mode 15 Program 1 + Program 2)	4,042,731
6	Outreach Services (Mode 45)	180,046
7_	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	2,596
9	Total - Lines 2 through 8	4,541,533

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SISKIYOU CO BEHAVIORAL HEALTH County Code: 47

	Legal Entity: SISKIYOU CO BEHAVIORAL H	HEALTH.	T A	В	C	D	E	F	G
Legal Er	ntity Number: 00047		<del></del>	Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (All	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Functio
			1	60	60	60	60		
	cation Percentage		100.00%	53.58%	16.14%	1.56%	28.72%		
	al Units			512	365	32	365		
3 Gros	ss Cost		114,892	61,558	18,546	1,788	33,000		eteleteletelete
	t per Unit			120.23	50.81	55.87	90.41		
	A per Unit								
	lished Charge per Unit								
7 Neg	otiated Rate / Cost per Unit	aran di karang Karang Kaba		1910/97/1917/1917	44444444	<del></del>	<del> </del>		0.52525252525
8 Med	di-Cal Units	07/01/02 - 09/30/02							
8A ]		10/01/02 - 06/30/03							
9 Med	dicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							<u> </u>
10 Enha	anced SD/MC (Children) Units	07/01/02 - 09/30/02							<del></del>
10A Enh	ancod SD/MC (Refugees) Units	10/01/02 - 06/30/03		<del></del>	<del></del>				<del> </del>
	anced SD/MC (Refugees) Units	07/01/02 - 06/30/03 07/01/02 - 09/30/02					<del></del>		
11 11A Heal	lthy Families (SED) Units	10/01/02 - 06/30/03				+	+		
	-Medi-Cal Units	10/01/02 - 00/30/03		512	365	32	365		_ <del></del>
Service Control	and the state of t			0.12			555	<u></u>	<u></u>
13 Medi	ii-Cal Costs	07/01/02 - 09/30/02							<del></del>
13A		10/01/02 - 06/30/03	<b> </b>						<del></del>
14 14A Medi	li-Cal SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03	<del> </del>			<del></del> +			
15		07/01/02 - 09/30/02	<del></del>			+			
15A Medi	li-Cal Published Charges	10/01/02 - 06/30/03	<del></del>						
16		07/01/02 - 09/30/02	<del>                                     </del>						
16A Medi	li-Cal Negotiated Rates	10/01/02 - 06/30/03							
11414		07/01/02 - 09/30/02							
17 17A Medi	licare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	<del></del>						
10		07/01/02 - 09/30/02					<del></del>		
18A Medi	icare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	<del></del>						
10	5 44 5 0 d 0 d d d d d d d d d d d d d d d d	07/01/02 - 09/30/02	l						
19A Medi	licare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20 Medi	licare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A Wedi	ICAI E/MEU-CAI CIOSSOVEI NEGOTIATED RATES	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02	************	*******	24542454545454545	<u> </u>		<u>ranaratan da tanaratan </u>	<u> </u>
Enha	anced SD/MC Costs	10/01/02 - 06/30/03	<del>                                     </del>			<del></del>			
22	anned SDAAC SMA Uncertimite	07/01/02 - 09/30/02							
22A Enna	anced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23 Enha	anced SD/MC Published Charges	07/01/02 - 09/30/02							
23A	anced Sprivic Fublished Charges	10/01/02 - 06/30/03							
24 Enha	anced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	and do do mo maganata manas	10/01/02 - 06/30/03							
5 Enha	anced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							<u></u>
	<del></del>	07/01/02 - 06/30/03							
	anced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
8 Enha	anced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
9		07/01/02 - 09/30/02	<u>1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</u>	-1-1-1-1-1-1-1-1-1	::::::::::::::::::::::::::::::::::::::			<u> 1817 metal Augasta</u>	<u> </u>
Healt	Ithy Families Costs	10/01/02 - 06/30/03							
20	Nh. Familia CMA Hans 11 111	07/01/02 - 09/30/02			+	+			
Heali	Ithy Families SMA Upper Limits	10/01/02 - 06/30/03	<del>                                     </del>						
1	Ithy Families Published Charges	07/01/02 - 09/30/02							
Heali	Ithy Families Published Charges	10/01/02 - 06/30/03							
Healt	Ithy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	any rannes regulated Itales	10/01/02 - 06/30/03							
3 Non-	-Medi-Cal Costs	<u>*************************************</u>	114,892	61,558	18,546	1,788	33,000	<u> </u>	<u></u>

Δ	IFORNIA	HEA! TH	AND	HIIMAN	SERVICES	AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SISKIYOU CO BEHAVIORAL HEALTH County Code: 47

County Code: 47			CR	CR				
Legal Entity: SISKIYOU CO BEHAVIORAL	HEALTH	_ A	B	C	D Co-doo	Canina	F	G
Legal Entity Number: 00047  Mode: 10 - Day Services			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode. 10 - Day Services		_ Mode Total	95	95	Function	Function	Function	Function
1 Allocation Percentage		100.00%	98.77%	1.23%				
2 Total Units			2,003	25	-			
3 Gross Cost		201,268	198,787	2,481				
4 Cost per Unit			99.24	99.24	<u> </u>	1	111111111111111111111111111111111111111	
5 SMA per Unit			115.14	115,14			_	
Published Charge per Unit								
7 Negotiated Rate / Cost per Unit					·	<u> </u>		
B Mark California	07/01/02 - 09/30/02		560					
Medi-Cal Units	10/01/02 - 06/30/03		1,274					
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9 <u>A</u>	10/01/02 - 06/30/03							L
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
TUAL	10/01/02 - 06/30/03							L
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03					<b> </b>	<del></del>	<del></del>
11 Healthy Families (SED) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03					<del> </del>		
12 Non-Medi-Cal Units	10/01/02 - 00/00/03	1	169	25		<del></del>		<del></del>
	07/04/00 00/00/5		(12) (12) (13) (13) (13) (13) (13) (13) (13) (13		<u> </u>		20 martin 19 mar	<u></u>
13 Medi-Cal Costs	07/01/02 - 09/30/02	55,577	55,577			<del> </del>	<del> </del>	
14	10/01/02 - 06/30/03 07/01/02 - 09/30/02	126,438	126,438 64,478			<del>                                     </del>	<del></del>	
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	146,688	146,688			<del> </del>	<del>  -</del>	
15	07/01/02 - 09/30/02	140,000	140,000					
Medi-Cal Published Charges	10/01/02 - 06/30/03	1				<u> </u>		
16 Madi Cal Nagatistad Rates	07/01/02 - 09/30/02							
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
17	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	07/01/02 - 09/30/02	1						
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	10/01/02 - 06/30/03	<del>                                     </del>						
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02					<u> </u>		
20A Medicale/Medi-Cal Clossover Negotiated Rates	10/01/02 - 06/30/03	L		<u></u>	i de la companya de			Agenta Francis
Enhanced SD/MC Costs	07/01/02 - 09/30/02							
<u></u>	10/01/02 - 06/30/03	<u> </u>				<u> </u>		
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	<del>  </del>						
ZZA	10/01/02 - 06/30/03	<del> </del>				<del> </del> -i	<del></del>	
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03	<del>}</del>				<del> </del>		
<u> </u>	07/01/02 - 09/30/02	<del> </del>						
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	<del>                                     </del>						
5 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			0.000,000.000			er geregere	garangaran.
6 Enhanced SD/MC (Refugees) Costs 6 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	<del>                                     </del>				i		
7 Enhanced SD/MC (Refugees) SWA Opper Climis 7 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	+				<del> </del>		
8 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<del> </del>						
	arana da Marana da James da Aran	<del>paramana a</del>		144444444			हर्म देव सम्बद्ध वसम	
9 9A Healthy Families Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	<del> </del>						
10	07/01/02 - 09/30/02	<del> </del>		<del></del>		<del> </del>		
Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	<del>                                     </del>				<del></del>		
1	07/01/02 - 09/30/02	<del>   </del>	<del></del> +					
Healthy Families Published Charges	10/01/02 - 06/30/03	<del> </del>						
2	07/01/02 - 09/30/02	<del>                                     </del>				<del></del>		
Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
	*****************	Process recovered	Same Courses	34100414141	and the second sections?	in the second	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> <del>.</del></u> .

33 Non-Medi-Cal Costs

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

МН	1966A (10/04)								
	County: SISKIYOU CO BEHAVIORAL I	HEALTH		CR	CR	CR	CR	CR	CR
<u> </u>	County Code: 47	I THE		B	C	D	F	F	G
100	Legal Entity: SISKIYOU CO BEHAVIORAL I	HEALIH	A	Service	Service	Service	Service	Service	Service
- re;	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
	,			01	10	60	70	11	15
1	Allocation Percentage		100.00%	8.40%	65.16%	21.80%	4.39%	0.14%	0.11
2	Total Units			222,254	1,337,806	241,287	60,197	2,815	2,28
3	Gross Cost		4,034,877	339,081	2,629,105	879,740	176,933	5,532	4,48
4	Cost per Unit			1.53	1.97	3.65	2.94	1.97	1.9
5	SMA per Unit			1.77	2.28	4.23	3.41	2.28	2.2
6_	Published Charge per Unit			1.77	2.28	4.23	3.41	2.28	2.2
7	Negotiated Rate / Cost per Unit								
8		07/01/02 - 09/30/02		50,247	327,375	41,644	7,472		<u> </u>
8A	Medi-Cal Units	10/01/02 - 06/30/03		145,444	849,473	157,681	25,284	2,815	
9		07/01/02 - 09/30/02		140,141	940,0			2,010	
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	Fahanad SD/MC (Children) Llate	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			85				
11A		10/01/02 - 06/30/03		3,283	11,564	1,330	762		
12	Non-Medi-Cal Units			23,280	149,309	40,632	26,679		2,28
13	e betar tegar nepetar je met e bejar per petarlag, at e balaga per e belaga gelek begar peger belaga page. Benara in salam alam a	07/01/02 - 09/30/02	893,826	76,659	643,369	151,835	21,962	4-1-12-1-1-1-2-1-1-1	<u> </u>
13A	Medi-Cal Costs	10/01/02 - 06/30/03	2,546,068	221,896	1,669,415	574,910	74,316	5,532	
14		07/01/02 - 09/30/02	1,036,986	88,937	746,415	176,154	25,480		
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	2,953,862	257,436	1,936,798	666,991	86,218	6,418	
15	Ned Cal Dublished Channel	07/01/02 - 09/30/02	1,036,986	88,937	746,415	176,154	25,480		
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	2,953,862	257,436	1,936,798	666,991	86,218	6,418	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	Wedi-Cal Negotiated Nates	10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02	1			**********	22.1.1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.	*************	<u></u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	Marking on Marking Cal Community Child Harden Library	07/01/02 - 09/30/02							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	Wiedicale/Wedi-Car Crossover Fublished Charges	10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	inculation our orosover regulated realist	10/01/02 - 06/30/03	L		1				
21		07/01/02 - 09/30/02							
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	<del></del>						
22	Fabruard CDAIC CMA Harvard instru	07/01/02 - 09/30/02							
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A	Enhanced 3D/N/C Fublished Charges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Elinance Spinic Regulated Nates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		*******************************				2-13-1-13-13-13-13-13-13-13-13-13-13-13-1	***********
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						<del></del>	
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	<u>ស្រាប់ពីប្រជាជាតិបានប្រើស្រាប់ពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប</u> ប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពីប្រជាពិបត្តិបានប្រជាពីប្រជាពីប្រជាពីប្រជ	07/01/02 - 09/30/02	167		167	addinaced a	<u>aandaanadada</u>	100000000000000000000000000000000000000	<u>adarranga</u> .
29A	Healthy Families Costs	10/01/02 - 06/30/03	34,824	5,009	22,726	4,849	2,240	$\longrightarrow$	
30		07/01/02 - 09/30/02	194	3,009	194	4,045	2,240		
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	40,401	5,811	26,366	5,626	2,598	+	
31	Linear Control Office	07/01/02 - 09/30/02	194	3,5,1	194	5,525		+	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	40,401	5,811	26,366	5,626	2,598		
32	Lealthy Families Negations Dates	07/01/02 - 09/30/02						+	
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
27		<u></u>				722777	32/2002/2004	<u> </u>	<del></del>

559,993 35,517 293,427 148,145

78,416

4,487

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SISKIYOU CO BEHAVIORAL HEALTH County Code: 47

Lenal	Legal Entity: SISKIYOU CO BEHAVIORAL I Entity Number: 00047	HEALTH	A	B Service	C Service	D Service	E Service	F Service	G
Legai	Mode: 15 - Outpatient (Program 2)		Mode Total	Function 10	Function 58	Function	Function	Function	Functio
1 A	llocation Percentage		100.00%	27.69%	72.31%				
2 To	otal Units			4,245	2,895				
3 G	ross Cost		7,854	2,175	5,679				
4 C	ost per Unit			0.51	1.96		<u> </u>		
	MA per Unit			2.28	2.28				ļ
	ublished Charge per Unit								
	egotiated Rate / Cost per Unit								
0.000		07/01/02 - 09/30/02			225				Manage William
8 M	ledi-Cal Units			60					
8A		10/01/02 - 06/30/03		3,975	660				
— M	ledicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A   '''		10/01/02 - 06/30/03							
10 Er	nhanced SD/MC Units	07/01/02 - 09/30/02							
10A	abanand CDMAC (Dateman) Haite	10/01/02 - 06/30/03							
	nhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11 He	ealthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03			1,815				
12 No	on-Medi-Cal Units			210	195				ETTERNET
13	edi-Cal Costs	07/01/02 - 09/30/02	472	31	441				
13A	edi-Cai Costs	10/01/02 - 06/30/03	3,331	2,037	1,295				
14	edi-Cal SMA Upper Limits	07/01/02 - 09/30/02	650	137	513				
14A	edi-Cai SwiA Opper Limits	10/01/02 - 06/30/03	10,568	9,063	1,505				
15	edi-Cal Published Charges	07/01/02 - 09/30/02							
15A (V)	edi-Cai Fubiisiled Cilaryes	10/01/02 - 06/30/03							
16	edi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A 'V'	edi-Cai Negolialed Nales	10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02				2.53.0.53.0.53	***********		1100000000000
17A Me	edicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	<del> </del>						
18		07/01/02 - 09/30/02	<del></del>		$\overline{}$				_
18A M	edicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	<del> </del>						
10		07/01/02 - 09/30/02	<del>                                     </del>						
19A	edicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	<del>                                     </del>						
20		07/01/02 - 09/30/02	<del>                                     </del>		<del></del>	<del></del> -			
20A M	edicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21	harred CDMAC Contr	07/01/02 - 09/30/02	1						
21A	hhanced SD/MC Costs	10/01/02 - 06/30/03	<del></del>						
22 _	the season of th	07/01/02 - 09/30/02	<del>                                     </del>						
22A En	nhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	<del>                                     </del>						
23 _		07/01/02 - 09/30/02							
23A En	nhanced SD/MC Published Charges	10/01/02 - 06/30/03				$\overline{}$			
24	100000	07/01/02 - 09/30/02							
24A En	hanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	<del></del>						
300	bossed CDMIC (Defraces) Costs				<u> </u>				
	phanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	<del>  </del>	<del></del> +					
26 En		07/01/02 - 06/30/03 07/01/02 - 06/30/03	<del></del>		<del></del>		<del></del>		
			<del></del>			<del></del>	}		
	manced OD/NO (Relugees) Negotia(80 Rates	07/01/02 - 06/30/03			<u> Carantaria (</u>			ringa, andre	2000000
29 He	ealthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03	3,560		3,560				
30 He	ealthy Families SMA Upper Limits	07/01/02 - 09/30/02	LI						
BUA		10/01/02 - 06/30/03	4,138		4,138				
31 He	ealthy Families Published Charges	07/01/02 - 09/30/02							
31A	<u>-</u>	10/01/02 - 06/30/03							
32 He	ealthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
	and the state of t		Professional Control of the Control of Control	45 45 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5	Contract of the Contract of th	er Personalities	and the second second second second		tatut di afficiati

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SISKIYOU CO BEHAVIORAL HEALTH

County Code: 47

CR

**DETAIL COST REPORT** 

		•					
Legal Entity: SISKIYOU CO BEHAVIORAL HEALTH	A	В	С	D	E	F	G
Legal Entity Number: 00047		Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
	[	20					
1 Allocation Percentage	100.00%	100.00%					
2 Total Units		4,326					
3 Gross Cost	180,046	180,046					
4 Cost per Unit		41.62				<u> </u>	
5 Non-Medi-Cal Units		4,326					
6 Non-Medi-Cal Costs	180,046	180,046					

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SISKIYOU CO BEHAVIORAL HEALTH

County Code: 47 CR CR

	Legal Entity: SISKIYOU CO BEHAVIORAL HEALTH	A	В	С	D	E	F	G
Le	gal Entity Number: 00047		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
			40	41				
1	Allocation Percentage	100.00%	7.55%	92.45%				
2	Total Units		6	365				
3_	Gross Cost	2,596	196	2,400				
4	Cost per Unit		32.67	6.58				
5	Non-Medi-Cal Units (Same as Line 2)		6	365				
6	Non-Medi-Cal Costs (Same as Line 3)	2,596	196	2,400			<u> </u>	

DEPARTMENT OF MENTAL HEALTS

#### DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County: SISKIYOU CO BEHAVIORAI HEAITH County Code: 47 REIMBURSEMENT TYPE Costs Costs Legal Entity: SISKIYOU CO BEHAVIORAL HEALTH
Legal Entity Number: 00047 Total Total Total Outpatient Outpatient Mode 55 S. F.'s 11-19. Innatient MAA Mode 05-Ali Exclude (Col. 1 + Col. J) S. F.'s 01-09 31-39 Hospital Other Program (1) Program (2 Program (2) 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 893.826 1 Medi-Cal Costs 126,438 2,675,837 1,036,986 64,478 1,101,464 650 1,102,114 Medi-Cal SMA 146,688 10.568 3,111,118 07/01/02 - 09/30/0 1,036,986 Medi-Cal P. C. 2.953.862 Medi-Cal N. R. 10/01/02 - 06/30/0 07/01/02 - 09/30/02 55,577 893,826 949,403 2,546,068 2,672,506 472 949,875 Medi-Cal Gross Reimbursement 2,675,837 126,438 3,331 07/01/02 - 09/30/0 Medicare/Medi-Cal Crossover Cost 10/01/02 - 06/30/0 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover SMA 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover P. C. 10/01/02 - 06/30/0 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover N. R. 07/01/02 - 09/30/03 Medicare/Medi-Cal Crossover Gross Reim. 10/01/02 - 06/30/03 55,577 893,826 949,403 126,438 2,546,068 2,672,506 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Total SD/MC + Crossover Gross Reim 2,675,837 3,331 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Cost 10/01/02 - 06/30/03 07/01/02 - 09/30/ 10/01/02 - 06/30/ Enhanced SD/MC (Children) SMA 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SD/MC (Children) P. C. Enhanced SD/MC (Children) N. R. 10/01/02 - 06/30/03 16 16A 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Gross Reim. 10/01/02 - 06/30/03 17 Enhanced SD/MC (Refugees) SMA
18 Enhanced SD/MC (Refugees) SMA
19 Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) Cost 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 19 Enhanced SD/MC (Refugees) P. C. 20 Enhanced SD/MC (Refugees) N. R. 07/01/02 - 06/30/03 Total Medi-Cal Gross Reimbursement 07/01/02 - 09/30/02 55,577 893,826 949,403 949,875 10/01/02 - 06/30/03 21A (Excludes Refugees) 22 Enhanced SD/MC (Refugees) Gross Reim. 3,331 126,438 2,546,068 2,672,506 2,675,837 07/01/02 - 06/30/03 07/01/02 - 09/30/02 Healthy Families Cost 38,384 10/01/02 - 06/30/03 34,824 34,824 3,560 24 194 44,539 Healthy Families SMA 194 24A 25 25A 26 26A 10/01/02 - 06/30/03 40,401 40,401 4 138 07/01/02 - 09/30/02 10/01/02 - 06/30/03 194 194 194 Healthy Families P. C. 40,401 40,401 40,401 07/01/02 - 09/30/02 Healthy Families N. R. 10/01/02 - 06/30/03 7/01/02 - 09/30/02 Healthy Families Gross Reim. 10/01/02 - 06/30/03 34,824 38,384 Less: Patient and Other Payor Revenues 28 28A SD/MC + Crossover Revenues 10/01/02 - 06/30/03 Enhanced SD/MC (Children) Revenues 29 Enhanced SD/MC (Children) Revenues
30 Enhanced SD/MC (Refugees) Revenues
31 Healthy Families Revenues 32 Total Expenditures from MAA (Mode 55)
33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA 07/01/02 - 09/30/02 10/01/02 - 06/30/03 893,826 2,546,068 949,403 2,672,506 949,875 2,675,837 Net Due - SD/MC for Direct Services 126,438 36 Net Due - Enhanced SD/MC (Refugees) 07/01/02 - 09/30/02 Net Due - Healthy Families 34,824 34,824 3,560 38,384 Amount Negotiated Rates Exceed Costs SD/MC (Includes Children) 10/01/02 - 06/30/03 Enhanced SD/MC (Refugees) 07/01/02 - 09/30/02 40A Healthy Families 10/01/02 - 06/30/03

DETAIL COST REPORT

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### **DEPARTMENT OF MENTAL HEALTH**

#### **DETAIL COST REPORT**

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: SISKIYOU CO BEHAVIORAL HEALTH

County Code: 47

Legal Entity: SISKIYOU CO BEHAVIORAL HEALTH

Legal Entity Number: 00047	A	В	С	D	E	F	
Data Type	Net Dire	ct Costs	FFP		Effective		
Data Type	(Gross Reim. Costs - Revenue)		Dol	lars	FF	P%	
Source	MH1	MH1970s		970s	Calculated		
	Column N	Column Q	Column R	Column U	Caro		
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)					能力性。你包含某	· 李素型	
2 05 - Other 24 Hour Services (All Other SFC)							
3 10 - Day Services	55,577	126,438	28,567	64,734		To the same of the same	
4 15 - Outpatient (Program 1)	893,826	2,546,068	459,426	1,308,370	that works	252 - A 3 2 - A	
5   15 - Outpatient (Program 2)	472	3,331	243	1,714		1000 107 AF 14 17	
6 Totals	949,875	2,675,837	488,236	1,374,818			
7 Totals from MH1979	949,875	2,675,837	488,236	1,374,818			
8 Effective SD/MC FFP %					51.40%	51.38%	

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

#### SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

MH 1979 (10/04)  County: SISKIYOU CO BEHAVIORAL HEALTH County Code: 47							FFP % Source: MH1978 F8	Fiscal Year 2002-2003			
Legal Entity: SISKIYOU CO BEHAVIORAL HEALTH	A	B	C	D	Ę	F	G	H	I	J	
Legal Entity Number: 00047	Total	Total	Total		50%	51.40%	51.38%	<sup>1</sup> Variable %	75%	Total	
	MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP	
SD/MC Administrative Reimbursement (County Only)											
1 County SD/MC Direct Service Gross Reimbursement			3,625,712	3,625,712							
Contract Provider Medi-Cal Direct Service Gross Reimbursement		L	1,239,432	1,239,432							
3 Total Medi-Cal Direct Service Gross Reimbursement				4,865,144							
4 Medi-Cal Administrative Reimbursement Limit				729,772							
5 Medi-Cal Administration				205,150							
6 Medi-Cal Administrative Reimbursement				205,150	102,575					102,575	
Healthy Families Administrative Reimbursement (County Only)											
7 County Healthy Families Direct Service Gross Reimbursement		<u> </u>	38,551	38,551							
8 Healthy Families Administrative Reimbursement Limit			30,331	3,855							
9 Healthy Families Administration				2,181							
10 Healthy Families Administrative Reimbursement				2,181				1.423		1.423	
				2,101				***********		1,120	
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09										<u> </u>	
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										<del> </del>	
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				80,293					60.220	60.220	
15 Other SD/MC Utilization Review (County Only)				94,938	47.469					47,469	
				and the second second						<u>angunungk</u> ings	
SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02			949,875	949,875		488,236				488,236	
16A 1 10/01/02 - 06/30/03			2,675,837	2,675,837			1,374,818			1,374,818	
17 Enhanced SD/MC Net Reimb. (Children) 07/01/02 - 09/30/02											
[10/01/02 - 06/30/03											
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FFP										2,073,317	
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21 Total SD/MC Reimbursement (FFP)										2,073,317	
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)										2,073,317	
										<u>नवन्तर्वनर्वन्तर्वन्त्र्यः</u>	
Healthy Families Net Reimbursement 07/01/02 - 09/30/02		l	167	167				110		110	
24A 10/01/02 - 06/30/03			38,384	38,384				24,950		24,950	
25 Total Healthy Families Reimbursement Before Excess FFP										26,483	
26 Amount Negotiated Rates Exceed Costs - Healthy Families											
27   Total Healthy Families Reimbursement		terereririaki kiki kiki kiki kiki k	Patricki di		Marana (1961)   1861	karanan manan manan meninggalan dari berangan berangan berangan berangan berangan berangan berangan berangan b	kede tedik ede de bebedik bibi	leteletetetetetetetitisisi	(+4+0+4+4+1+1+0+0+1+0+0+1+0+0+1+0+1+0+1+0	26.483	